PTO/SB/01 (05-03) Approved for use through 04/30/2003. OMB 0651-0032

PHUS030233US

FOXALL, David L.

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Attorney Docket Number

**First Named Inventor** 

**DECLARATION FOR UTILITY OR** 

**DESIGN** 

PATENT APPLICATION		COMPLETE IF KNOWN				
(37 CFR 1.63)	Application	Number				
X Declaration Declaration						
With Initial Filing (su						
Filing. (37 CFR required)	1.16 (e)) Examiner N	lame				
I hereby declare that:						
Each inventor's residence, mailing address, ar	nd citizenship are as stated t	elow next to their name.				
I believe the inventor(s) named below to be th	e original and first inventor(s		ich is claimed and for			
which a patent is sought on the invention entit		JANCE IMAGING				
	TW/ CONETION NEOO!	VALVOL IIVIAGING				
	(Tille of the Level's 1					
the specification of which	(Title of the Invention)					
is attached hereto						
OR						
was filed on (MM/DD/YYYY) 07/1	1/2003 as Un	ted States Application Nu	umber or PCT International			
Application Number 60/486,633	and was amended on (MM/	DD/YYYY)	(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose informat continuation-in-part applications, material info	ormation which became avai	lable between the filing of	37 CFR 1.56, including for late of the prior application			
and the national or PCT international filing dat	te of the continuation-in-part	application.				
I hereby claim foreign priority benefits under inventor's or plant breeder's rights certificate(	(s), or 365(a) of any PCT int	ernational application wh	ich designated at least one			
country other than the United States of Ameri application for patent, inventor's or plant bree	ica, listed below and have al	so identified below, by ch	ecking the box, any foreign			
before that of the application on which priority	is claimed.	any FCT international app	plication having a filing date			
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes No			
		l Fi				
Additional foreign application numbers ar	e listed on a supplemental p	iority data sheet PTO/SB	7/02B attached hereto.			

[Page 1 of 2] This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	Customer or Bar Co					OR _	Corresp	oondence address below
Name		Thomas F 4	Kocov	skv ir				
Thomas E. Kocovsky, Jr. FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP								
Address					*			
City	1100 8	Superior Ave			enth	Floor		
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Cleveland			(	OH				44114
Country		Telephone				Fax		
US		216/86	61-5	582	1	1	216/2	241-1666
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor								
Given Name (first and middle lif anyl)					F	amily Name		
(first and middle [if any])	David L.				0	r Surname	FO	XALL
Inventor's Signature David	L Ge	sall		,			<u></u>	Date 7-5014 2003
Residence: City	State			Countr	<del>'y</del>		Citizer	
MENTOR	ОН		h	US			us	
Mailing Address		<del></del>						
9295 KATHLEEN DRIVE	E							
City	State			i	ZIP			Country
MENTOR	ОН				4406	30		US
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		<del></del>				amily Name		
	Wim M.				$\perp$ or	Surname	PR	RINS
Inventor's Signature								Date
Residence: City	State		$\Box$	Count	гу		Citize	nship
EINDHOVEN	NL			NL			NL	
Mailing Address	<del></del>							
Den Ouden Dries 15								
City	State			<b>一</b> [:	ZIP		Coun	try
EINDHOVEN	NL			5	632	KL	NL	
Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.								

## IAP20 Rec'd PUT/PTO 09 JAN 2006

PTO/SB/122 (04-05)
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## CHANGE OF CORRESPONDENCE ADDRESS Application

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	A A A A A A A A A A A A A A A A A A A
Application Number	unkn 47 5 6 4 U 4 8
Filing Date	herewith
First Named Inventor	David L. FOXALL
Art Unit	unknown
Examiner Name	unknown
Attorney Docket Number	PHUS030322US

Please change the Correspondence Add	ress for the above-identified pater	nt application to:			
The address associated with Customer Number:	38107				
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I am the:					
Applicant/Inventor					
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
Attorney or agent of record. Registration Number 48,979					
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number					
Signature 7pm bund					
Typed or Printed Name Thomas M. Lundin					
Date January 6, 2006		10-483-4281			
NOTE: Signatures of all the inventors or assignees of recorforms if more than one signature is required, see below*.	d of the entire interest or their representativ	e(s) are required. Submit multiple			
*Total of forms are submitted.					

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